

(REQUIRED INFORMATION)

Facility Identification Name _____ Address _____ City _____ County _____ State _____ Zip _____ Latitude _____ Longitude _____ SIC Code [][][][] Dun Bradstreet No [][][][][][][]		Owner/Operator Name Name _____ Phone (_____) _____ Address _____ City _____ State _____ Zip _____ FAX (_____) _____ EMAIL: _____	
Mailing Address <i>Must be included if different from Facility Address</i> Name _____ Street _____ PO Box _____ City _____ State _____ Zip _____		Emergency Contact Name _____ Title _____ Phone (_____) _____ 24-hr. Phone (_____) _____ Name _____ Title _____ Phone (_____) _____ 24-hr. Phone (_____) _____	
Important: Read all instructions before completing form.		Reporting Period: From January 1 to December 31, _____.	
Chemical Description		Physical and Health Hazards <i>(check all that apply)</i>	
CAS [][][][][][][][] Trade Secret <input type="checkbox"/> Chem. Nam _____ EHS Name _____ Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	
CAS [][][][][][][][] Trade Secret <input type="checkbox"/> Chem. Nam _____ EHS Name _____ Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS		<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	
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INVENTORY	Storage Codes	Storage Locations (Non-Confidential)
	Container Type Pressure Temperature	(Please Print)
[][] Max. Daily Amount (code) [][] Avg. Daily Amount (code) [][][] No. of Days On-site	[][] [][] [][] [][] [][] [][] [][] [][] [][] [][] [][] [][]	_____ _____ _____ _____
[][] Max. Daily Amount (code) [][] Avg. Daily Amount (code) [][][] No. of Days On-site	[][] [][] [][] [][] [][] [][] [][] [][] [][] [][] [][] [][]	_____ _____ _____ _____
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I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one thru _____, and that based on my inquiry of these individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name and official title of owner/operator's authorized representative

Signature

Date Signed

OPTIONAL ATTACHMENTS

- ☐ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

Facility ID# _____
 Facility Name _____

TIER TWO CONTINUATION FORM

Page __ of __

Chemical Description	Physical and Health Hazards (check all that apply)	INVENTORY	Storage Codes Container Type Pressure Temperature	Storage Locations (Non-Confidential) <i>Please Print</i>
CAS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Trade Secret <input type="checkbox"/> Chem. Nam _____ EHS Name _____ Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Mix <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input type="checkbox"/> Immediate (acut) <input type="checkbox"/> Delayed (chronic)	<input type="text"/> <input type="text"/> Max. Daily Amount (code) <input type="text"/> <input type="text"/> Avg. Daily Amount (code) <input type="text"/> <input type="text"/> <input type="text"/> No. of Days On-site	<input type="text"/> <input type="text"/> <input type="text"/>	_____ _____ _____ _____ _____
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